

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

WARREN(S) Riley HS9761
 Full Name of Plaintiff Inmate Number

v.

Civil No. _____
 (to be filled in by the Clerk's Office)

DR. [Signature]
 Name of Defendant 1

DR. JOHN LISIAK
 Name of Defendant 2

Richard Practitioner
 Name of Defendant 3

Practitioner Gustafson
 Name of Defendant 4

JOHN WESZTEL
 Name of Defendant 5

(Print the names of all defendants. If the names of all
 defendants do not fit in this space, you may attach
 additional pages. Do not include addresses in this
 section).

☒ Demand for Jury Trial
☐ No Jury Trial Demand

FILED
 SCRANTON

JUN 29 2020

PER [Signature]
 DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
☒ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

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WARREN Riley #59761
Full Name of Plaintiff Inmate Number

v.

Civil No. _____

(to be filled in by the Clerk's Office)

DR JOHN LISIAK

Name of Defendant 1

☒ Demand for Jury Trial☐ No Jury Trial Demand

Practitioner Richardson

Name of Defendant 2

Practitioner gwinnett

Name of Defendant 3

DR DIAZ / John (6) Westel

Name of Defendant 4

John Kerestee

Name of Defendant 5

(Print the names of all defendants. If the names of all
defendants do not fit in this space, you may attach
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CAMPBELL
grievance (7)
mattison
grievance (8)
(9) Secretary

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II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Name (Last, First, MI)

Riley WARREN John

Inmate Number

MS 9761

Place of Confinement

PHOENIX

Address

1200 MOKYCHIE Drive

City, County, State, Zip Code Collegeville, PA 19426

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

John LISIAK ex & All

Name (Last, First)

Please look for NAME on CASE

Current Job Title

3:12 CV 1818 All the

Current Work Address

NAMES will be there.

City, County, State, Zip Code

Defendant 2:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

I know I + 'S 2 LAST NAME

Practitioner - Richard -

Practitioner - Richard ✓

MAHONEY PRISON

OR FRACKILLION
Lower Highlens

Not
Sure
WHO
They
go
to
Reno
ROME

1 OR - FRACKILLION
2 MAHONEY PRISON
3 Lower Highlens.

Nurse BARBARA JOE Her Boss ✓

John Wesszel ✓

CAMP Hill - grievance ✓

Secretary of Corrections ✓

JOHN KESERTEE Warden

Defendant 2:

Name (Last, First)

JOHN WESZTEL - CAMPBELL

Current Job Title

Secretary correct

Current Work Address

City, County, State, Zip Code

I BELIEVE - Head district
of HARRISBURG
OR
CAMPBELL

Defendant 3:

Name (Last, First)

Secretary All of them

Current Job Title

in Mahanoy prison
CAMER FOR RHO &

Current Work Address

City, County, State, Zip Code

11 NEXT
TO
HOSPITAL
PARA

Defendant 4:

Name (Last, First)

PLEASE: ASK MR JOHN WESZTEL

Current Job Title

ASK JOHN ESQ & ALL

Current Work Address

2DR - PARTIERS 2

City, County, State, Zip Code

MAHONEY - OR - FRAEKLIN 1/2

Defendant 5:

Name (Last, First)

JOHN KESTERFER

Current Job Title

ASK JOHN WESZTEL PLEASE

Current Work Address

City, County, State, Zip Code

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

I'm stating these people ARE
total ~~ag~~ Against me

Nurse BARBAR JOE took HCV (test)
stole state) you crazy it nothing
wrong - get back on your crazy med
update

Now ~~there~~ (+HIS) to which I just
smaller Finally find out After All these years
AWAY Cancer - Call Keith Stone mercy
Medical center for update/info. I out
OF my HB/B Pills - Arson IF some body
Have (thing) - this is
Clos what
do I have

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

My BRAIN Now Black (in) OUT CAUSING me to
Black out fall 2 times / Have to (mind) set down
or will pass out (No want or need for food
(Pain in my Body) off on 4 organs
Yellow golden
PEN'S
color
of
my
X
Boy
Friend
what
does
it
mean

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

9992 million - Deliberance indifferent
9982 million - Negligence
9972 million - mal - practitioner

single compass
9

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

I started by asking (for) Help medically
I seen DR. JOHN LISIAK & Practitioner, I-
stated I even HAVE HIV-or-cancer. (These) people
gave me

B. On what date did the events giving rise to your claim(s) occur? It's going to help (w/Prin.)

MARCH - 12 - to 16 - 03 I wrote the
plaintiff is stating that - NO MR RILEY like
going to give you a blood test to which I -
told - then bleeding off & on no more

C. What are the facts underlying your claim(s)? (For example: What happened to you?
Who did what?)

I HAD my Request slip STATING that I WAS feeling
(PAIN) IN BRAIN & NERVE FOR IT IN my
(BRAIN) & (BODY) & ORGANS ALL at
ONE -

He meaning Doctor LISIAK stating
His stating last we think
you have A Person UP giving
to give you something
for PAIN - (it) ZANTAC -
Richard - practitioner - before Dr. JOHN
came in stated he thought but
declines when his boss came
in stated cancer, but both of
them agreed on ZANTAC.

UPDATE Blood
IN Stool
2 Lately
Not in
Pee.

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

~~UPDATE~~ I Finally Find out years later
~~ANAL CANCER - DR. B. ARSON'S RIGHT~~
~~DR. JOHN LISIAK (Richard practitioner) I STATE~~
~~I think I HAVE HIV or CANCER - THEY SAID~~
~~MR Reilly I think you HAVE ARSON we going -~~
~~to give you ZANTAC FOR THE PAIN.~~

B. On what date did the events giving rise to your claim(s) occur?

THIS IS A NEW CASE to WHICH I'm coming
 to court to prove to which I JUST
 FIND-OUT I - WAS RIGHT - MEDICALLY - to - WHICH
 I - FELT - I START - 2013 - 2015 - CLOSE 2016

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

AS those years pass (I) been
 getting sicker - I HAVE
 BEEN MAULING DIZZING
 SPELL NOT BEING ABLE to
 STAND BEING FORCED FROM DISABLING
 PLACING to take A FEAT
 KEYSTONE INFORM ME I HAVE
 A A SMALL CASE of ANAL
 CANCER -

I HAVE ALSO EXPERIENCED
 (AIB B) ←
 ARSON

I'm ALSO trying to get
 to the BOTTOM of the
 FACT WHAT (ARSON) IT MEAN WHEN (A)
 MAN PENIS IS YELLOW

NEW YORK
 I DON'T
 2017 -
 EQUAL
 TIL
 JUNE
 BUT
 I
 PLACE
 IN
 A
 NEW
 STATE
 (MENT)
 to
 WHICH
 I
 RECENTLY
 FIND
 OUT
 WHAT
 I
 THROUGH
 HT

WAS TRUE

Smart Communications/PADOC

SCI- PHOENIX

Name WARREN (S) RILEY

Number HS9761

PO Box 33028

St Petersburg FL 33733

PA DEPARTMENT OF
CORRECTIONS
INMATE MAILZIP 19426
041M12252211

Smart Communications/PADOC

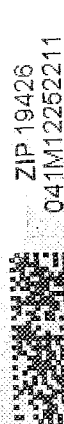
SCI- PHOENIX

Name WARREN RILEY

Number HS9761

PO Box 33028

700

PA DEPARTMENT OF
CORRECTIONS
INMATE MAILZIP 19426
041M12252211William
S Nealon

Smart Communications/PADOC

SCI- PHOENIX

Name WARREN RILEY

Number HS9761

PO Box 33028

St Petersburg FL 33733

1200 MOKYCHIE DRIVE
CHICAGO IL 60614-19426PA DEPARTMENT OF
CORRECTIONS
INMATE MAILZIP 19426
041M12252211I'm on Need
of
Review
198649890RECEIVED
SCRANTON

JUN 29 2020

DEPUTY CLERK

William (S) Nealon
Federal ~~Prison~~ JAIL
BLDG # US COURT HOUSE
235 W WASHINGTON AVE
PO Box 1148 Scranton - PA - 18501-1148